

**ZION NATIONAL PARK
COMMERCIAL USE AUTHORIZATION PROGRAM**

Thank you for your interest in the Commercial Use Authorization (CUA) program at Zion National Park. CUAs are limited authorizations to provide specific visitor services within the boundaries of the national park. The CUA in which you are interested contains special conditions with which CUA holders must comply. A copy of these conditions is attached. Please ensure that you are familiar with them.

The following materials must be completed and submitted prior to approval or denial of the application. Further information may be obtained by contacting the CUA coordinator at 435-772-7815. Mail application materials to: Commercial Use Authorization Office, Zion National Park, State Route 9, Springdale, UT 84767.

REQUIREMENTS FOR COMMERCIAL USE

- The commercial use authorization (Form 10-114) with the permittee's original signature.
- A current original United States Certificate of Insurance and policy endorsements documenting 1) adequate comprehensive general liability insurance covering both bodily injury and property damage in the minimum amounts; 2) automobile liability insurance in the minimum amounts; and 3) workers' compensation insurance. (See Attachment A, Provisions, #20 for further details.)
- CUA application (below).
- A list of vehicle(s) and license number(s).
- A list of all drivers and a copy of their driver's licenses.
- First aid certification (CPR & Basic First Aid) of all tour leaders.
- An itinerary specifying times/locations of group activities within the park (see Attachment C, Trip Itinerary).
- A copy of your safety notice.
- A copy of any advertising brochures or materials. If Internet websites are used, please provide URL addresses.
- Copies of Attachment A, Provisions, and Attachment B, Special Conditions with the permittee's signature and date on each page. (Paper or electronic versions are accepted.)
- A check in the amount of \$250.00 per permit (a non-refundable fee) made payable to the National Park Service is required with the permit application. Additional monitoring costs may be charged. (See Attachment B, Special Conditions.)

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Name: _____ Date: _____

Company Name: _____

Mailing Address: _____

Business Telephone: _____ Fax: _____ E-mail: _____

From the listing below, please check all the types of services you are providing for the clients you bring to the park.

- | | |
|--|--|
| <input type="checkbox"/> Bicycling Touring, groups of _____ people | <input type="checkbox"/> Interpretation with groups of 16 to 50 people |
| <input type="checkbox"/> Photography Instruction | <input type="checkbox"/> Interpretation with groups of 15 or less people |
| <input type="checkbox"/> Taxi and Recreational Shuttle | <input type="checkbox"/> Motorcycle Touring, groups of _____ people |

Signature: _____